Starting Basal Bolus Insulin - Action Plan

Emergency contact details		My contact	details
Ambulance: 000		U.R. No:	
Hospital:	Pn:	Surname:	
Dictor	-11	Given Name	
Family / Carer:	-11	DOB:	
	· II	Sex/Gender:	
24hr Healthdirect - Ph: 1800 022 222			
Basal bolus insulin	The 'basal bolus insulin' approach aims to:		
Basal bolus insulin (BBI) aims to mimic normal	 avoid and/or correct higher than target glucose 		
insulin production.	• avoid hypoglycaemia (e.g. hypo or low glucose)		
BBI is a combination of long acting insulin and rapid acting insulin injections	 reduce your risk to diabetes related complications. 		
Basal insulin	Trade name:	(Generic name:
Basal insulin is long acting insulin.	Device:		_ disposable / non disposal.
Basal insulin is also known as background insulin.	Dose/s: units at hours (am)		
		units at	hours (pm)
Bolus insulin	Trade name:	(Generic name:
Bolus insulin is rapid acting insulin.	Device: disposable / non disposal. Dose/s: units at breakfast		
Bolus insulin is used at mealtimes and to correct			
nigher than target glucose.		units at lunch	
		units at dinne	r
Total daily dose (TDD)	Basal insulin dos	se/s: units	3
The total daily dose (TDD) is the number of units	+		TDD insulin: units
of all insulins (e.g. basal and bolus doses) used in	Bolus insulin dos	se/s: units	s
24110015.			
Insulin carbohydrate ratio/s (ICR)	An ICR consider	s the meal to	be eaten and the rapid
The initial calculation is based on the TDD and	acting insulin do	se required.	
will require fine tuning.			
If counting CHO in grome	500 / 450 / 4	00/350	
	500745074	.007330	The answer suggests that
In general, the 500 Rule is used initially. However,	÷ TTD insulin	units	1unit of rapid acting insulin
alternative rules (e.g. 350, 400, 450) may be	=	grams	is required for every
recommended.		0	grams of CHO.
If counting CHO in exchanges	15		
Divide 15 by the answer grams above			The answer suggests that
		ms of CHO	unit/s of rapid acting
	=	units	insulin is required for every
			rograms of CHO.



Correction / supplemental insulin The initial calculation is based on the TDD and will require fine tuning. Also known as Insulin Sensitivity Factor (ISF).	An ISF considers the 'out of target' glucose and the rapid acting insulin dose required. Correction / supplemental insulin should be avoided within two hours of the previous dose of rapid acting insulin.		
<i>Divide 100 by the TDD.</i> <i>The 100 Rule is used initially. However,</i> <i>alternative rules (e.g. 120, 130) may be</i> <i>recommended.</i>	100 / 120 / 130 The answer suggests that + TTD insulin units 1unit of rapid acting insulin = mmol/L mmol/L.		
When to contact doctor or diabetes specialist nurse	 The initial TDD, ICR and ISF calculations should be reviewed if there: is a pattern of no improvement in post meal/s glucose. if no response after two (2) correction / supplemental doses and the glucose remains above target. when insulin requirements change (e.g. change in eating pattern, physical activity, weight, illness, medication and pregnancy). 		
When to visit your nearest hospital	 Glucose greater than 15.0mmol/L despite 2 correction insulin doses. Glucose remains less than 4.0mmol/L despite 2 hypo treatments. Blood ketones greater than 0.6mmol/L. Symptoms of drowsiness, confusion, breathing difficulties or severe abdominal pain. Vomiting persists for more than 4 hours. Unable to self-care and support person unable to assist. 		
Date://	Diabetes Specialist Nurse: Signature:		

Based on ADEA 2020 Clinical guiding principles for sick day management of adults with type 1 and type 2 diabetes.

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